

### DCFS Contracted Provider Inspection Checklist

Name of Program: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_

Items	Yes	N/A	No	Notes
How many clients in placement? DCFS/DJJS/Private				
How many staff on shift?				
Facility Eligibility for Medicaid				a. 16 beds or fewer b. Facilities on Same or Continuous Property
*Bedrooms and Bathrooms				
*Fire Extinguisher(s) and Smoke Detector(s) <b>Fire Extinguisher 2A 10-B:C</b>				
*First-Aid Kit (Placement)				
*Transportation- Tires and Operable Seatbelts, First-Aid Kit				
*Locked Medication and Logs(s)				
*Written Fire Escape Plan & Quarterly Fire Drill Documentation				
*Locked Hazardous Materials- Gasoline, Bleach, aerosol (not Windex)				
*Locked Alcohol				
*Firearms and/or Ammunition- inaccessible to youth at all times (Security Vaults or Locked Cases). Firearms in non-glass display cases- trigger locks, bolts removed, etc.				
List of phone numbers to report after-hour emergencies/crisis incidents. If unable to contact CM, Supervisor then call Statewide Child Protective Services (CPS) intake 1-855-323-3237.				
Overall Cleanliness of the Placement				

\*Child-Placing and YAC Only

Revised 6/20/14